

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034520
State File No.

FILED OCT 14 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9546**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis | | c. LENGTH OF STAY (If in this place) Life | c. CITY OR TOWN Berkeley 4041 |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) Bethesda General Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) EDGAR | | b. (Middle) D. | c. (Last) MOONE |
| 4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1958 | | 5. SEX Male | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 1 | |
| 8. DATE OF BIRTH March 24, 1876 | | 9. AGE (In years last birthday) 82 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Inspector | | 10b. KIND OF BUSINESS OR INDUSTRY Water Dept. City of St. Louis | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Hiram D. Moone | | 13b. MOTHER'S MAIDEN NAME Addie Waite | |
| 14. NAME OF HUSBAND OR WIFE Late Lena A. Moone nee Meng | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None | |
| 16. SOCIAL SECURITY NO. 489-07-7011 | | 17. INFORMANT'S SIGNATURE OR NAME Mr. E. C. Volmer, 8012 Gardner Lane, 21, | |
| MEDICAL CERTIFICATION | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 163x DUE TO (c) _____ | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 6-21-48 , 19____, to 10-3-58 , 19____, that I last saw the deceased alive on 10-3-58 , 19____, and that death occurred at 1:10 P. M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Thos. E. Wampler M.D. | | 23b. ADDRESS 611 Olive Street | |
| 23c. DATE SIGNED 10-4-58 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 10-6-58 | |
| 24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 6 1958 J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph C. Lindes*
Licensed Embalmer No. *4275*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.